



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
WASTE MANAGEMENT PROGRAM  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

10/19/93  
SB

RECEIVED

SEP 17 1993

<b>SEND TO</b>		MISSOURI DEPARTMENT OF NATURAL RESOURCES, WASTE MANAGEMENT PROGRAM P.O. BOX 176, JEFFERSON CITY, MO 65102											
<b>FOR OFFICIAL USE ONLY</b>													
COMMENTS													
C													
C													
INSTALLATION'S EPA ID NUMBER								APPROVED		DATE RECEIVED		ST LOUIS CITY	
										YR. MO. DAY			
C													
F													
1. NAME OF INSTALLATION													
Delta Gear Co													
II. INSTALLATION MAILING ADDRESS													
STREET OR P.O. BOX NUMBER													
C													
3													
CITY OR TOWN										STATE		ZIP CODE	
C													
4													
St. Louis										MO		63132	
III. LOCATION OF INSTALLATION													
STREET AND NUMBER													
C													
5													
CITY OR TOWN										STATE		ZIP CODE	
C													
6													
St. Louis										MO		63132	
IV. INSTALLATION CONTACT													
NAME AND TITLE (LAST, FIRST, AND JOB TITLE)										TELEPHONE NUMBER			
C													
2													
PAUL E. MUCKERMAN JR.										3149932800			
V. OWNERSHIP													
A. NAME OF INSTALLATION'S LEGAL OWNER										B. TYPE OF OWNERSHIP (ENTER CODE)			
C													
R													
PAUL E. MUCKERMAN SR.										SUB S			
IV. TYPE OF REGULATED WASTE ACTIVITY (MARK "X" IN THE APPROPRIATE BOXES. REFER TO INSTRUCTIONS)													
A. HAZARDOUS WASTE ACTIVITY										OIL FUEL ACTIVITIES			
<input checked="" type="checkbox"/> 1a. GENERATOR <input checked="" type="checkbox"/> 1b. LESS THAN 100 GALLONS										<input type="checkbox"/> USED OIL FUEL (boxes below)			
<input type="checkbox"/> 2. TRANSPORTER										<input type="checkbox"/> SETTING TO BURNER			
<input type="checkbox"/> 3. TREATER/STORER/DISPOSER													
<input type="checkbox"/> 4. UNDERGROUND INJECTION													
<input type="checkbox"/> 5. MARKET OR BURN HAZARDOUS WASTE FUEL (enter 'X' & mark)													
<input type="checkbox"/> A. GENERATOR MARKETING TO BURNER													
<input type="checkbox"/> B. OTHER MARKETER													
<input type="checkbox"/> C. BURNER													
<input type="checkbox"/> 7. SPECIFICATION USED OIL FUEL MARKETER (OR ON-SITE BURNER) WHO FIRST CLAIMS THE OIL MEETS THE SPECIFICATION													
VII. WASTE FUEL BURNING: TYPE OF COMBUSTION DEVICE													
(Enter 'X' in all appropriate boxes to indicate type of combustion device(s) in which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion devices)													
<input type="checkbox"/> A. UTILITY BOILER <input type="checkbox"/> B. INDUSTRIAL BOILER <input type="checkbox"/> C. INDUSTRIAL FURNACE													
VIII. MODE OF TRANSPORTATION (TRANSPORTERS ONLY-ENTER 'X' IN THE APPROPRIATE BOX(ES))													
<input type="checkbox"/> A. AIR <input type="checkbox"/> B. RAIL <input checked="" type="checkbox"/> C. HIGHWAY <input type="checkbox"/> D. WATER <input type="checkbox"/> E. OTHER (SPECIFY)													
IX. FIRST OR SUBSEQUENT NOTIFICATION													
Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below.													
<input checked="" type="checkbox"/> A. FIRST NOTIFICATION <input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (COMPLETE ITEM C)													
C. INSTALLATION'S EPA I.D. NUMBER													

<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<b>ID - FOR OFFICIAL USE ONLY</b>
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

**X. DESCRIPTION OF HAZARDOUS WASTE**

**A. Wastes from Nonspecific Sources (F-List).** Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from nonspecific sources your installation handles. Below each number, enter monthly generation amount in pounds and frequency code A, B, or C.

<b>WASTE I.D. NO.</b>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<b>AMOUNT AND FREQUENCY</b>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

**B. Wastes from Specific Sources (K-List).** Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific sources your installation handles. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

<b>WASTE I.D. NO.</b>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<b>AMOUNT AND FREQUENCY</b>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

**C. Commercial Chemical Product Wastes (W and P Lists).** Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be hazardous waste. Below each number, enter the monthly generation amount in pounds and frequency code A, B, or C.

<b>WASTE I.D. NO.</b>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
<b>AMOUNT AND FREQUENCY</b>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

**D. (Reserved)**

**E. Characteristics of Nonlisted Hazardous Wastes.** Mark an 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24) Below each box that you check, enter the monthly generation amount expressed in pounds and generation frequency code A, B, or C.

<b>AMOUNT AND FREQUENCY</b>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

**MISSOURI REQUIRED INFORMATION**

**MISSOURI GENERATOR ID NUMBER (IF PREVIOUSLY ASSIGNED)** \_\_\_\_\_

**PRINCIPAL BUSINESS ACTIVITY** GEAR MANUFACTURING.

**S.I.C. CODE (LEAVE BLANK IF UNCERTAIN)**

**CHECK THIS BOX IF YOU GENERATE/ACCUMULATE LESS THAN A REPORTABLE QUANTITY**

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**XI. CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

<b>SIGNATURE</b> 	<b>NAME AND OFFICIAL TITLE (TYPE OR PRINT)</b> <u>CEO</u>	<b>DATE</b> <u>09/15/93</u>
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